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jc644 U.S. PTO

**TRANSMITTAL OF
UTILITY
APPLICATION
UNDER 37
C.F.R. §1.53**

Attorney Docket No.

18021-2901 (Box Seg)

First named inventor

Paul Sternberg

Express mail label #

EL516975777US

Date of mailing

January 6, 2000

Application Elements

1. ☒ Fee Transmittal Form
2. ☒ Specification containing 71 pages
(including claims and Abstract) and a Sequence
Listing (62 pages).
 - a. Title: POLYCYSTIC KIDNEY DISEASE GENE
HOMOLOGS REQUIRED FOR MALE
MATING BEHAVIOR IN NEMATODES
AND ASSAYS BASED THEREON
 - b. Number of claims: 88
3. ☒ 5 sheets of drawings with 4 Figs.
4. ☐ Copy of Declaration from parent application
5. ☒ Sequence Listing (62 pages)
☒ Paper copy (identical to computer copy)
☒ Computer readable copy
☐ Verified statement

Accompanying Application Papers

6. ☐ Copy of assignment from prior
7. ☒ Copy of Small Entity Statements
filed in priority application
8. ☐ Preliminary Amendment
9. ☒ Return Receipt Postcard

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01/06/00

SIGNATURE OF ATTORNEY/AGENT

HELLER EHRMAN WHITE & McAULIFFE

Stephanie Seidman
Registration Number: 33,779

☒ Benefit of priority under 35 U.S.C. §119(e) to U.S. Provisional Application Serial No. 60/115,127, filed January 6, 1999 is claimed.

CORRESPONDENCE ADDRESS

NAME	Stephanie Seidman Registration No. 33,779 Heller Ehrman White & McAuliffe	
Address	4250 Executive Square, 7th Floor, La Jolla, CA 92037	
	Telephone: 858.450-8400	Facsimile: 858.587-5360

**FEE TRANSMITTAL
ACCOMPANYING UTILITY
APPLICATION UNDER
37 C.F.R. §1.53**

Attorney Docket No.	1-2901
First named inventor	Paul Sternberg
Express mail label #	EL516975777US
Date of mailing	January 6, 2000

FEE CALCULATION FOR CLAIMS AS AMENDED

a)	Basic Fee		\$ 690.00
b)	Independent Claims $\frac{15}{88} - 3 = \frac{12}{68} \times \$ 78.00$		\$ 936.00
c)	Total Claims		\$ 1224.00
d)	Fee for Multiple Dependent Claims - \$230.00		\$ 0.00
	TOTAL FILING FEE		\$ 2850.00

[X] Statement(s) of Status as Small Entity reducing Fee by one-half to \$1425.00

[X] A check in the amount of \$1425.00 to cover the fee for filing the application.

[X] The Commissioner is hereby authorized to charge any fees that may be required in this application during its entire pendency, or credit any overpayment, to Deposit Account No. 08-1641. If proper payment is not enclosed, such as a check in the wrong amount, unsigned, post-dated, otherwise improper or informal, or absent, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 08-1641 during the entire pendency of this application. This sheet is filed in duplicate.

CORRESPONDENCE ADDRESS

NAME	Stephanie Seidman Registration No. 33,779 Heller Ehrman White & McAuliffe		
Address	4250 Executive Square, 7th Floor, La Jolla, CA 92037		
	Telephone: 858.450.8400	Facsimile: 858.587-5360	
Submitted by:			
Typed or printed name	Stephanie Seidman		Reg. Number 33,779
Signature	Date	01/06/00	Deposit Account 08-1641

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